

# Nuffield Health Manchester Diagnostic Suite

## Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

## Ratings

### Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Not sufficient evidence to rate



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

# Summary of findings

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Nuffield Health Manchester Diagnostic Suite is operated by Nuffield Health. The service provides diagnostic services. Facilities include a magnetic resonance imaging scanner (MRI), a computed tomography scanner (CT), plain X ray, mammography screening and ultrasound scanning.

The service provides scanning for adults and children and young people.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced inspection on 15 September 2018.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

### Services we rate

We rated this service as good. We had not inspected the service before.

- There were systems in place to keep people safe. Mandatory training had been completed by all staff. Equipment was maintained and serviced appropriately and there were safeguards in place to protect people from the risks from radiation.
- We saw that staff had received training to operate scanning equipment safely and there were opportunities for further staff development. Staff worked to appropriate guidance. Consent processes were in order and staff had received training in the Mental Capacity Act and Deprivation of Liberties.
- Staff were caring and privacy and dignity was respected. Feedback from patients was positive and there were examples of staff supporting patients to undergo scanning. Patient's relatives could accompany patients into the magnetic resonance scanning room following appropriate checks.
- There was an electronic booking system for patient appointments and appointments were never cancelled unless there was a breakdown with the scanner. Patients with additional needs were catered for and interpreting services were available.
- There was a risk register for the service and we saw that risks had been acted upon and then closed. There was a positive culture and staff told us that they liked working there. There were governance structures in place and there were regular staff meetings.
- However not all appropriate staff were trained to level two for safeguarding of children and young people as appropriate to their role.

### Ellen Armistead

Deputy Chief Inspector of Hospitals (area of responsibility)

## Overall summary

# Summary of findings

The service provided scanning services which were safe. There were systems in place to monitor safety, patient outcomes and patient experience. Appropriate guidelines were used in the delivery of scanning services including those for control of radiation. Staff were caring and privacy and dignity were respected. The service could

make reasonable adjustments for patients with cognitive impairment as necessary. Interpreting services were available and patient information was translated as appropriate.

Risk and performance were well managed and there was strong leadership. There was a culture of improvement and safety was a priority for this service.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Background to Nuffield Health Manchester Diagnostic Suite	8
Our inspection team	8
Why we carried out this inspection	8
How we carried out this inspection	8
Information about Nuffield Health Manchester Diagnostic Suite	8
The five questions we ask about services and what we found	10

### Detailed findings from this inspection

Outstanding practice	21
Areas for improvement	21

Good



# Nuffield Health Manchester Diagnostic Suite.

**Services we looked at**

Diagnostic imaging.

# Summary of this inspection

## Background to Nuffield Health Manchester Diagnostic Suite

The Nuffield Health Manchester Diagnostic Suite is a stand alone diagnostic facility with magnetic imaging, computerised tomography, mammography, ultrasound and plain X-ray. It is located in the centre of Manchester in the City Labs building which is adjacent to a NHS trust. It was established in 2016. The service treats mainly adults and very few children.

This service provides scanning service to some NHS patients from the adjacent trust and for self funding patients. The service also has a number of smaller contracts to provide scanning services to a range of organisations.

The regulated activities of the service are

- Diagnostic and screening
- Treatment of disease, disorder or injury.

There is a registered manager who has been in post since March 2018.

The service has not been inspected before.

The service offers other services including point of care testing and health screening. We did not inspect these services.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in radiography. The inspection team was overseen by Nicholas Smith, Head of Hospital Inspection.

## Why we carried out this inspection

We inspected this service using our new approach comprehensive inspection methodology as part of our ongoing programme of inspection of independent health care.

## How we carried out this inspection

During the inspection, we visited the service. We spoke with four staff including the manager, two radiographers and a health care assistant. During our inspection, we reviewed six sets of patient records.

## Information about Nuffield Health Manchester Diagnostic Suite

The service is a stand alone screening service that treats adults and children though their manager said that they had treated very few children and the ones that had been treated were usually 16-17 years old. The service provides magnetic resonance imaging, computerised tomography,

mammography screening (non-NHS), plain X-ray and ultrasound scanning. In the inspection period the service had performed 2,410 magnetic resonance imaging scans, 735 computerised tomography scans, 3,531 plain X rays, 576 mammography scans and 66 ultrasound scans.



# Summary of this inspection

There were 11 consultant radiologists who worked at the clinic with practising privileges, two of whom saw self funding patients; the others saw NHS patients only. There were 13 other consultants of various specialties with practicing privileges at the clinic.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection.

The service was commissioned by an NHS Trust to provide 2,700 general magnetic resonance and cardiac resonance imaging scans and 780 computerised tomography scans.

Track record on safety:

- No never events
- Clinical incidents: four no harm, three low harm, no moderate harm, no severe harm, no death
- No incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),
- No incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)
- No incidences of hospital acquired Clostridium difficile (c.diff)
- No incidences of hospital acquired E-Coli
- Two complaints.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated safe as good because:

- Medicines were managed well and were stored appropriately in locked cupboards. There was stock rotation and the service identified medicines that were close to their expiry date,
- Infection control was managed and there was a link radiographer to lead on infection control. The service was visibly clean and tidy and cleaning schedules had been completed.
- Equipment was appropriately maintained and there were records to show that servicing and quality assurance had taken place. Local rules were displayed and had been signed by the radiographers.
- Risk to patients were minimised by policies and procedures. The service had appropriate warning signs and access to areas was restricted by key fob.
- There was a procedure to report incidents and feedback to staff when incidents had taken place. There had been no serious incidents in the reporting period.
- However not all staff had been trained to the appropriate level for the safeguarding of children and young people.

Good



### Are services effective?

We do not rate this domain

- The service used appropriate guidelines from the National Institute of Health and Care Excellence. Diagnostic reference levels were used so that patients received the minimum amount of radiation.
- Staff training was in place and there were opportunities for staff to develop. Appraisal rates were at 100% and there was a training needs analysis as part of the appraisal process.
- There were processes in place for consent and staff had received training in the Mental Capacity Act and Deprivation of Liberties Safeguards.
- The service had a comprehensive audit calendar to support patient safety, quality improvement and patient satisfaction. Audits were supported by action plans.

Not sufficient evidence to rate



### Are services caring?

We rated caring as good because

Good



# Summary of this inspection

- We saw that staff were caring and compassionate and privacy and dignity were respected.
- Relatives could accompany patients into the MRI scanning areas following completion of an appropriate form and agreement from the radiographer.
- Feedback from patients was very positive and we saw that staff worked with patients who were claustrophobic to encourage them to undertake their scan.

## Are services responsive?

We rated responsive as good because

- The service used an electronic system to send out appointments for patients. Patients were given enough time for appointments and self funding patients did not have to wait long for an appointment.
- There were interpreting services available if required and patient information leaflets were available in different languages.
- There was provision for patients with a learning disability or cognitive impairment and these patients were flagged on the electronic system so that appropriate measures could be put in place before they arrived for a scan.
- There was a complaints policy in place and the service had received two complaints in the reporting period both of which had been responded to appropriately.
- There was ambient lighting to help to calm patients and support for patients who had claustrophobia.

Good







## Are services well-led?

- The service had a open culture and staff said that they were happy to raise any safety concerns.
- Leadership was strong and the manager had recently been appointed to the post. They said that they were supported by corporate managers.
- There were governance structures in place and there were regular staff meetings with set agendas. There was a clinical advisory group to support the consultants with practising privileges.
- There was a local risk register and risks were well managed. There were appropriate governance structures in place and systems to support quality improvements to services.

Good



# Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are diagnostic imaging services safe?

Good 

### Mandatory training

- All staff were required to have mandatory training consisted of basic life support training, manual handling, infection prevention and control and data protection or to have accreditation from another employer.
- All staff had completed their mandatory training apart from the practical infection control; this was because one of the radiographers was the new infection control lead and was about to undertake a infection control module and then train the other staff.
- Included in mandatory training was update training for radiographers and this was at 100% compliance.

### Safeguarding

- There was a safeguarding policy for adults and children and young people; this was in date and had a review date.
- There was a safeguarding lead for the site who had completed level three training for children and young people and for adults. . All other staff were trained to level one for safeguarding for adults and children and young people. There was a corporate safeguarding lead who was available for advice. However according to guidance from the “Safeguarding Children and Young People: roles and competencies for healthcare staff intercollegiate document, third edition 2014, - all

non-clinical and clinical staff who have any contact with children, young people and/or parents/carers should be trained to level two for safeguarding of children and young people.

- There were safeguarding charts for safeguarding and appropriate contacts. Staff knew how to report any safeguarding issues.
- We saw on the inspection that radiographers used “pause and check” and there was an operator check list and three points of identification were checked for every patient. This helped to ensure that the right person received the correct scan.
- Although the clinic would accept children for scanning there were very few who had scans completed at the clinic. The manager told us that if they had any children they would have a children’s nurse present who would be trained to level three for safeguarding for children and young people.

### Cleanliness, infection control and hygiene

- There had been no incidence of a hospital acquired infection at the location in the reporting period (June 2017 to July 2018). All areas of the service were visibly clean and tidy and well maintained.
- One of the radiographers had agreed to be an infection prevention link practitioner and was undertaking a course at a university. On their return they would deliver practical training to the staff.
- The clinic was supported by the corporate infection control lead who visited the clinic.

# Diagnostic imaging

- Staff received training on the disposal of clinical waste and had undertaken hand hygiene training in November 2017. There had been an audit of hand hygiene and this was 94%.
- There were hand washing sinks in all the clinical areas and hand gel was available in the waiting room. There were signs in clinical areas above sinks about how to hand wash and hand rub properly. The service used the World Health Organisation five moments of hand hygiene.
- Personal protective equipment was available in all clinical areas and we observed that staff were using it. Gloves were available in a range of sizes.
- Treatment beds and lead aprons were decontaminated at the end of the day. Paper roll was used on treatment couches in between patients. There was an audit of equipment decontamination which was completed in December 2017 with a follow-up action plan.
- There were disposable curtains in clinical areas and we saw that these were in date and were changed at regular intervals.
- There were completed cleaning schedules for all clinical areas. The health care assistant cleaned the inside of the magnetic resonance imaging (MRI) scanner.

## Environment and equipment

- The clinic worked to radiation protection and Ionising Radiation Medical Exposure Regulations (IR(ME)R). Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) sets out the responsibilities of duty holders (the employer, referrer, IR(ME)R practitioner and operator) for radiation protection. There was a report to the corporate radiation clinic every year. The radiation protection committee was a corporate committee.

There was an external radiation protection advisor for the clinic who undertook audits every year. There had been an audit in August 2018 but the outcome had not yet been received. The report in August 2017 showed that the overall management of radiation protection was good and was judged to be largely compliant with Ionising Radiations Regulations 1999.(IRR 99). An

action plan had been put in place following the audit. There was an equipment competencies folder and staff competencies were reviewed every year for IR(ME)R. This was work in progress.

- We saw documentation that local rules had been signed by all appropriate staff and that environmental risk assessments had been carried out. The local rules and risk assessments were displayed on the walls in all the clinical areas and review dates and updates were recorded
- There was a vendor service agreement which managed the service contracts for all the equipment. The inspection team saw documentation during the visit that all the equipment had been serviced at appropriate intervals
- Quality assurance checks were undertaken on diagnostic equipment. Documentation seen on inspection showed that these were carried out at appropriate time intervals. There were no quality assurance recommendations for any of the scanning equipment.
- There were recommendations from the radiation quality assurance report from 2 June 2018 and these had been implemented by the physicist.
- Staff told us that if any equipment broke down, contractors were quick to respond to get equipment up and running.
- There had been a recent check on the helium levels in the MRI scanner, these were at appropriate levels.
- There was a resuscitation trolley in the area between the MRI and CT scanner. We checked the contents of the trolley, including appropriate medicines and all were in date. The trolley was checked every week and this was documented.
- We saw that staff were monitored for radiation and lead gowns were visually checked every six months. This had been audited on 20 June 2018 and no action was required.
- The reception area was positioned so that there was a good line of sight to monitor the entrance to the department.

# Diagnostic imaging

- There were colour coded bins for appropriate disposal of waste including clinical waste. Sharps boxes were not overfilled and were dated.
- The service had completed an environmental audit in November 2017 and this had been rated green.

## Assessing and responding to patient risk

- The service manager was the radiation protection supervisor for the service.
- There was a policy the management of the deteriorating patient and a transfer protocol. There was also a vital signs monitoring policy. Both were in date and had a review date.
- There was a tracker for alerts and field safety notices from the medicines and healthcare products regulatory agency and we saw that information was visible in clinical areas.
- There were patient MRI safety questionnaires that were completed by the patient before scanning took place. Patients were assisted by the health care assistant and then completed forms were checked by the radiographers. By completing the form and signing it the patients were giving consent to the scan.
- If patients required a chaperone or a relative to support them during the MRI scanning process, there was a safety form to complete and the radiographer would confirm that this individual was safe to enter the controlled area.
- If a patient went into cardiac arrest during an MRI scan, a frame could be attached to the scanning table. Patients would be removed from the scanning room and put on a trolley and taken through a door to a lift that would accommodate the trolley. The policy stated that staff would call 999; the building was located next to an NHS major trauma unit. No patients had ever had a cardiac arrest at the clinic.
- No contrast was used without a consultant radiologist or cardiologist being on site.
- All radiographers who were involved in cannulating patients were trained in intermediate life support and all other staff were trained in basic life support.
- There were two first aiders in the department. There were first aid kits and eye wash kits available around the clinic.
- There were signs in all clinical areas and in the patient waiting room asking patients to inform staff if they thought that they might be pregnant; the signs were in a number of languages. We saw a patient record that showed that a member of staff had asked a patient of child bearing age about their last menstrual period and recorded this in the patient record.
- We saw that allergies were recorded in the patient records.
- Checks were in place for patients with cardiac pacemakers and staff could check if they were safe for the MRI scanner. The manufacturers make and model number would be checked if appropriate.
- If patients had breast implants, the radiographers would ask patients to consent to scanning as concerns have been raised about certain types of scanning for these patients.
- There was appropriate signage in the controlled areas of the clinic to make people aware that imaging was taking place. This had been audited in June 2018 to ensure compliance.
- Access to the clinical areas was with a key fob so that members of the public could not access these areas without permission. Staff had varying access rights to different areas of the clinic which were controlled by the manager. This included house keeping staff who could only enter clinical controlled areas with a member of staff present.
- Emergency call bells were located throughout the department and were tested every week. There was a panic button in the MRI scanner that was checked every day.
- There had been no unplanned transfers of patients from the location to another health care facility in the reporting period ( June 2017 to July 2018).

## Nurse staffing

- There was sufficient staffing for the service. There were four radiographers, including the manager and a part

# Diagnostic imaging

time time radiography assistant. There were also four customer service assistants. The service had recruited bank radiographers to cover holidays and sickness as necessary.

- Staff sickness levels were low and there was low turnover of staff.

## Medical staffing

- There were two doctors who had practising privileges at the clinic.
- Radiographers could contact radiologists by mobile phone if necessary.

## Records

- There was an images and picture archiving and communication system (PACS) for Nuffield and another one for the nearby NHS hospital trust. This allowed NHS trust staff to access images for their patients on the service site.
- We checked six patient records and all were completed appropriately.
- For patients who were self funding, the results of scans would be sent to the patients G.P. or referring doctor or service.

## Medicines

- Medicines were stored in a locked cupboard in a room with a keypad. The room temperatures were checked and recorded daily. Records showed that temperatures in the room had been below 25 degrees centigrade for the month of September 2018. Minimum, maximum and actual temperatures were recorded. Any temperature issues were reported to the corporate pharmacy team.
- We checked medicines and saw that medicines with a close expiry date were stored at the front of the cupboard. Medicines about to expire within the month were noted on the temperature recording sheet. Stock was rotated and checked monthly.
- Allergies were identified on patient records and there was access to emergency medicines.
- Prescription pads were stored in the medicine cupboard but staff said they were rarely used.
- MRI contrast was stored at 37 degrees centigrade in the computerised tomography (CT) scanning room.

There were check sheets that had been completed appropriately. All the contrast was in date. The contrast/batch number and expiry dates were entered into the patient record on the computerised radiology information system.

## Incidents

- There was a policy for the reporting and management of all adverse events and serious incidents including unexpected or avoidable deaths and never events. The policy was in date and had a review date. We saw that the policy included that the registered persons must discharge their statutory duty of candour under Regulation 20: Duty of candour. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- There was an electronic system for the recording of incidents and outcomes were discussed at staff meetings.
- There had been no incidents that required the duty of candour to be applied. Staff were aware of the duty of candour.
- There had been no never events or serious incidents in the reporting period (1 June 2017 to 1 July 2018)
- There had been no IR(ME)R or IRR reportable incidents in the reporting period.
- If markers were wrongly put on X rays to indicate left and right, this was recorded as an incident. Extravasation was also recorded as an incident.

## Are diagnostic imaging services effective?

We do not rate this domain

## Evidence-based care and treatment

- The service used diagnostic reference levels (DRL's) for each piece of scanning equipment that produced radiation. DRLs are used as a guide to help promote improvements in radiation protection practice. They can help to identify issues relating to equipment or practice by highlighting unusually high radiation doses. We observed levels for different parts of the body that were scanned by the service.



# Diagnostic imaging

- The service used a range of guidance from the National Institute of Health and Care Excellence in the delivery of different modalities of scanning.
- There were standard operating procedures in place which complied with relevant guidelines.
- The service used guidelines from professional bodies including the Royal College of radiologists and from organisations including the Care Quality Commission.
- Image reporting for NHS patients was undertaken by radiologists from the nearby NHS trust and image reporting for the service was done centrally with results sent to the requesting health professional.

## Patient outcomes

- The service had a comprehensive audit calendar for health and safety, patient outcomes and patient experience. This included infection control, personal protective equipment and decontamination of equipment.
- In March 2018 the service had conducted comprehensive audits for each of the scanning modalities which looked at safety, effectiveness, improving patient experience, service review, development and learning and dissemination of good practice. The magnetic resonance audit scored 86%, the computerised tomography audit scored 87%, the mammography screening 86% and radiology scored 81%. All had supporting action plans and there had been dissemination of lessons learned.
- There was an audit of patient radiation dosage so that the service knew that patients were within the national guideline dosage for radiation.
- The provider carried out a double audit of 10% of its magnetic resonance scanning at each location for some of its self-funding patients. Radiologists were sent a letter if there are any discrepancies'.
- There were two radiographers who did mammography screening and this allowed for peer review of mammography scans. This was completed every three months. The last audit showed that techniques were of a satisfactory standard. There was reject analysis of plain X-ray films every six months.

## Competent staff

- There were three senior clinical radiography leads and the service manager for each of the modalities with appropriate experience. Although the leads worked mainly in one modality they were competent to work in other modalities and could cover for sickness and annual leave.
- There was an induction plan for staff which included a health and safety induction, magnetic resonance and radiation safety and reading of local rules and key policies. Each new member of staff was provided with a buddy or mentor.
- All the staff we spoke with had completed an appraisal and the manager told us that all the staff had an appraisal. Staff identified training needs and objectives during the appraisal and there were opportunities for staff to access external training.
- There were competency assessments for venepuncture cannulation; this included hand hygiene.
- The manager told us that a new member of staff was starting the following day and they showed us the induction pack and the competency pack for the member of staff.
- Staff had their professional registration checked every six months; we saw that all radiographers were registered with the Health Care Professions Council.
- There was training for staff on new equipment and applications.

## Multidisciplinary working

- There was multidisciplinary working between the staff at the service and the staff from the nearby NHS trust.

## Seven-day services

- The service currently operated five days a week but there were plans to start working six days a week.

## Consent and Mental Capacity Act

- All staff had received training in the mental capacity act and consent and deprivation of liberty safeguards.
- The service did not treat patients who did not have capacity to consent to scanning
- The patient MRI safety questionnaire was the consent form for scanning. It was sent to the patient to



# Diagnostic imaging

complete before the scan and the health care assistant could answer questions about the scanning process. The radiographers also went through the form before scanning took place, with the patient to explain about what happened during the scanning process. There was a separate section for patients who needed contrast for scanning.

## Are diagnostic imaging services caring?

Good 

### Compassionate care

- We saw that staff introduced themselves to patients as they welcomed them to the department and all the staff wore name badges.
- We observed that staff were kind to patients and reassured them about the scans.
- Privacy and dignity were maintained as patient changing rooms were adjacent to scanning areas so patients could go directly into the scanning areas without having to access any public areas. Scrubs were available in a number of sizes if patients needed to wear them during scanning.
- Entry to clinical rooms was protected by curtains so that privacy was respected.
- The health care assistant helped to position patients in the scanners so that they were comfortable.

### Emotional support

- All patients who were having a magnetic resonance imaging scan had a call bell if they required assistance.
- Staff could talk to patients during their scans through an intercom during their scan to reassure them if necessary.
- The health care assistant had sat with a patient for 30 minutes to persuade them to undertake an MRI scan as the patient was claustrophobic. The patient had the scan and was full of praise for the health care assistant who was nominated for employee of the month.

### Understanding and involvement of patients and those close to them

- Feedback from patients was positive; quotes included “pleasant staff, staff made me feel comfortable, friendly and helpful and professional.” There was no negative feedback about the service.
- There had been a diagnostic suite feedback questionnaire and 68% of patients had rated their experience as excellent or good and 32% had rated it acceptable. The service had received feedback from 28 patients. Patients had been surveyed in May 2018 and had not been followed up in June, July or August.
- Patients relatives were encouraged to support patients during the MRI scans and if appropriate could stay with the patient during the scan.

## Are diagnostic imaging services responsive?

Good 

### Service delivery to meet the needs of local people

- The service was a stand alone centre for the provision of magnetic resonance imaging (MRI) computed tomography (CT) scanning, screening mammography and ultrasound mainly for adults but the service could see children from two years old onwards. It opened Monday to Friday 9.00am to 5.00pm. Once the bank radiographers had achieved their competencies, the service intended to open on Saturdays.
- The service was located on the first floor of a three storey grade two listed building and there was a lift and level access from street level. There was a pleasant waiting room for patients with comfortable chairs, a coffee machine and a water machine. All areas of the service were air -conditioned.
- The service provided general and cardiac (MRI) scanning and cardiac (CT) scanning to self funding patients and to patients from a nearby NHS foundation trust. They were contracted to deliver 2,700 MR scans and 780 CT scans for the period April 2018 to March 2019.
- There was a mammography screening service for self funding patients and for the staff of several large companies and a plain X-ray service for people who were considering emigrating to Australia, New Zealand

# Diagnostic imaging

or Canada. There was a requirement for these people to have a chest X-ray. There was some smaller services who commissioned work from the clinic through service level agreements.

- There were two waiting areas for patients and back to back CT and MRI scanners with a shared control room. There was also a digital X ray room, an ultrasound scanning room and a mammography scanning room. During the inspection there was building work was taking place in the clinic and so ultrasound work was being undertaken in the mammography scanning room.
- There was a policy of referral criteria which detailed who could request imaging. The service accepted referrals from medically qualified doctors or health professionals who had received authorisation to act as a referrer, lists of these were available.
- There was a chaperone policy and patients could request a chaperone if they wanted one. If patients relatives wanted to accompany patients into the MRI scanning room they completed a form that was checked by the radiographer.
- We saw that patient information had been changed following feedback from patients undergoing a small bowel MRI scan as they weren't aware of the preparation needed to be carried out on arrival at the location.
- Other patient information had been changed as the instructions were complex and so were made easier to understand,

## Meeting people's individual needs

- There was ambient lighting to try to make the scanning / X-ray experience as pleasant as possible for patients. This was important for the patients who were undergoing cardiac MRI/CT as it was important that the patients heart rate was as low as possible before and during the scan.
- If an interpreter was needed for a patient this was flagged on the computerised radiology information system (CRIS) which was used for appointments and an interpreter would be booked. Hard copies of patient information was available in different languages and signage around the clinic was in different languages.

- The CRIS system identified patients with a learning disability or cognitive impairment. The service made reasonable adjustments for patients and one of the radiographers described how they had worked with a patient with learning disability and their carers to make the scan as stress free as possible. The service would book double appointments for patients if necessary.

## Access and flow

- The service used a computerised radiology information system (CRIS) to manage appointments and most appointments for NHS patients were managed by the service; 96% of patients rated the booking process as excellent, good or acceptable. There were some appointments that were booked from the trust cardiology centre.
- All scans from NHS patients were booked at two weeks or six weeks as appropriate. There was a policy in place from the trust about the monitoring of key performance indicators including referral to treatment times.
- Image reports were generated in CRIS and sent to the referrer; 97% of the work of the service was the generation of unreported images.
- Appointment times were for 30 minutes and so the service rarely ran late and patients were seen on time. Staff said this was good as they never had to rush patients.
- Self funded patients were offered an appointment in 48 hours.
- There were no cancellations for scans in the reporting period (June 2017 to July 2018). If a scanner broke down patients would be reappointed and not put back on the trust waiting list. Staff told us that as the scanner was new, there had been very few problems since it was installed.
- The service would offer scanning appointments to the nearby NHS hospital trust if they were very busy or if there was a major incident.

## Learning from complaints and concerns

- We saw that there was a complaints policy that was in date and had a review date. The policy stated that complaints should be acknowledged in two working

# Diagnostic imaging

days. The service tried to resolve the complaint within 20 days of receiving it. If this failed the complaint went to internal review and then to internal independent adjudication.

- There was a “how to complain leaflet” for patients. We saw that there was information of NHS patients about the Parliamentary and Health Service Ombudsman and for self funding patients there was information about the Independent Sector Complaints Adjudication Service (ISCAS).
- The service had received two complaints in the reporting period June 2017 to July 2018; these had been dealt with as part of the formal complaints process and both complaints had been upheld.
- Patients had reported that they had not been able to get through on the phone and so the phone system was changed to be more responsive to the patient needs.
- We saw that there was learning from complaints and this was fed back to staff at staff meetings.

## Are diagnostic imaging services well-led?

Good 

### Leadership

- There was a clinical director and chief nurse for the whole provider group in the United Kingdom and a lead for the North and Scotland. There was also a clinical development lead for diagnostic imaging for the UK.
- The diagnostic site manager of the service had not been in post for very long and had started to make changes in the clinic. They told us that they received good support corporately.
- Staff at the clinic said that the leadership was good and that they felt supported.

### Vision and strategy

- The service did not have a vision or strategy but the manager had a draft business plan to develop the service with NHS providers

### Culture

- There was an open culture at the clinic and staff told us that they wouldn't be afraid to raise any issues. The manager told us that they had an open door policy so that staff could discuss any issues.
- Staff said they saw senior members of staff from Nuffield at the clinic.

### Governance

- There were staff meetings for the radiographers and the other staff every two months although the manager said that they would be trying to meet every month. There was a standard agenda template and agenda items included departmental updates, operational matters, governance issues. Team meeting minutes showed that incidents, infection prevention and new services were discussed at the meeting held on 20 June 2018.
- There were 11 consultant radiologists who worked at the clinic with practising privileges, two of whom saw self funding patients; the others saw NHS patients only. There were 13 other consultants of various specialties with practicing privileges at the clinic.
- There was a clinical advisory group that provided assurances to the clinic for clinical quality, customer service, local developments and to support the implementation of policies and the development and delivery of new services.
- There was a corporate process for Nuffield for the management of practicing privileges. All consultants with practicing privileges were interviewed to confirm the information contained in their application was up to date and correct. This follows the Nuffield Health corporate process and all consultants' privileges were approved by the Nuffield Health medical director, ensuring the following: their scope of practice, curriculum vitae (no gaps in service), current mandatory training completion, data officers, and two references, up to date professional validation and indemnity insurance. This process was managed locally for each consultant and all information was recorded on a central system to ensure that updates were requested and received when required. It was envisaged that the approval of practising privileges would remain as a corporate function until the clinical advisory group was well established and had a wider range of specialities.

# Diagnostic imaging

- The manager was new in post and was updating local policies and procedures with name changes.
- The manager of the service intended to attend clinical governance meetings at a nearby Nuffield hospital.
- The service had a whistleblowing policy.

## Managing risks, issues and performance

- The service had a risk management policy which was in date. There was an organisational risk register which was amalgamation of risks from across the organisation. We saw that risks were categorised into strategic, financial, operational, quality and safety, legal, regulatory and contractual and reputational.
- Local risks were identified through an electronic system and risks could be escalated to the organisation risk register if appropriate. Risks were graded by likelihood and risk score.
- There was a local risk register which had appropriate risks and risks that had been addressed had been closed.
- One of the risks on the risk register had required funding to meet requirements from the National Institute for Health and Care Excellence. Funding had been made available corporately to meet the requirement.
- There was a diagnostic team quality improvement plan with actions, completion dates and updates.

- The service had a business and essential services continuity plan which had been updated in May 2018.

## Managing information

- All policies except managing stress were available on the intranet
- There was a clear desk policy for the service to support information governance.
- All staff received training on information governance and the service conducted an information governance audit.
- Images that were sent off-site for reporting was by secure electronic transfer.

## Engagement

- Nuffield operated a values recognition scheme where staff could nominate each other for recognition and awards. These were displayed in staff areas with nomination cards for staff to complete.
- The service had taken pupils from a nearby sixth form college for work experience.

## Learning, continuous improvement and innovation

- The service had a culture of improvement and continuous learning that was driven by the service manager. Although they had not been in post very long, improvements had been made to the service.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should ensure that all appropriate staff have undertaken the appropriate level of training for the safeguarding of children and young people.